

2001 REPORT TO THE BOARD



Chelan-Douglas Health District

REPORT TO THE BOARD OF HEALTH 2001

Year 2001 brought new challenges to the Chelan-Douglas Health District in addition to the staff continuing to provide a myriad of programs with one goal in mind – to protect and promote the health of the residents of Chelan and Douglas Counties.

This report is designed to give the Chelan-Douglas Board of Health an overview of activities for which they are providing policy development and some funding through county assessments. It is not designed to answer questions regarding all components of each program. But it does provide a guide to understand the objectives of programs as well as issues that will be addressed as we plan for the future. Additionally, this information gives the reviewer an idea of total resources utilized for each broad program.

Revenues come from many different sources, including federal and state dollars through special grants, county assessments, licenses and permits, and fees for services. Expenditures for salaries and benefits made up 80% of the 2001 Amended Budget. Federal funds compiled 17.7% of our revenues (excluding value of vaccines), and 33% of our revenues come from state funding. County funds (assessments) compose 18% of the total budget revenues. The remaining 31.3% of revenues is generated from fees for service and grant monies paid when a statement of work is completed.

During the year, a special challenge to negotiate a contract with the International Federation of Professional and Technical Employees, Local 17, representing supervisors and field staff was completed. Issues of bioterrorism and emergency preparedness created a second challenge as staff worked diligently within the community to facilitate meetings, developing plans and clarifying the roles of major community players. Staff focused on meeting the needs of anxious community members who needed answers to their concerns after September 11th and the anthrax scares. New priorities came to light as the District experienced the aftermath of bioterrorism on the East Coast. Staff expended over 300 hours in the last quarter of the year to meet this need within the community.

As expectations of public health increase within our constituents, we find our capacity decreasing due to decreased revenues, a result of a downturn in the community and state economics. We feel we have been very effective in using our dollars to protect the health of the community in an effective and efficient manner. We welcome your input so that we might develop even more effective strategies in the future.

The format of this report shows fiscal information with program-specific information located alphabetically within Environmental Health and Personal Health Service categories.

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See: 2001 rpt to BOH graphs.xls

See: Org chart 2002.doc

Environmental

Health

Services

See: 2001 rpt to BOH graphs.xls

Revenue Sources – 2001
Environmental Health

Chemical and Physical Hazards

Program:

Illegal drug labs are a growing problem and pose a potential public health threat in Washington State. The role of the Health District is to assess the potential health threats at the affected property. The Health District works with local law enforcement to post property where dangerous chemicals have been removed. The Health District must determine the presence of chemicals or contamination due to illegal drug manufacturing and the potential for contamination due to these activities. If it is determined that the property is contaminated, the property may be declared "unfit to use".

Services:

Although law enforcement and the Department of Ecology remove bulk chemicals and dangerous items from the site, it must be determined if residue from spillage and from the production of illegal drugs has contaminated the site. The Health District works with both the owner and contractor to reduce contamination to acceptable levels by review of work plans and sampling procedures. Furnishings and personal belongings must also be evaluated so that the removal or use of these items does not present a danger. The Health District also provides information to the owner, occupants, and neighbors as to potential adverse health affects that may be present at an illegal drug lab.

Delivery Measures

In 2001, nineteen properties were evaluated in Chelan and Douglas Counties. This volume exceeded the total number of sites investigated since 1995. Of the 19 sites investigated in 2001, eight were found to be contaminated. A grant from the Department of Ecology has helped to purchase personal protective gear and to provide financial assistance to conduct lab testing of potentially hazardous sites.

Health Benefits:

Acute exposure to high levels of contaminants found in meth labs could cause shortness of breath, cough, chest pain, dizziness, lack of coordination, chemical irritation, and burns to the skin. Less severe symptoms can result in headache, nausea, dizziness, and fatigue or lethargy. The testing and cleanup of contaminated properties assures the safe use of these sites.

2001 Accomplishments:

By developing close working relationships with law enforcement and the Department of Ecology we have been able to obtain more thorough and expeditious reports to allow for more accurate decisions as to the presence of contamination of these sites.

Looking Ahead:

The District has received additional grant funding from the Department of Ecology to assist in the recovery of expenditures that are involved in this program. The meth lab grant combined with the Site Hazard Assessment grant will provide assistance in providing personal protective supplies and testing equipment to aid in making determinations of the presence of contamination. We also plan on sending staff to specialized law enforcement and cleanup training courses in 2001.

Drinking Water Quality

Program and Services:

- Evaluate private drinking water supplies. Ensuring that building sites have an approved source of drinking water available before issuing building site approvals. Service is offered on inspecting and sampling private water supplies, and advice is given on how to provide and maintain a safe water supply.
- Review plans and sources for new small public water systems.
- Evaluate water systems for home loans and property sales.
- Inspect sites for proposed or existing drinking water wells for larger public water. systems to ensure that they are located away from sources of potential contamination.
- Reviewing water quality monitoring data from small water systems.
- Conduct Sanitary Surveys of smaller Public Water Systems.

Delivery Measures:

- | | |
|--|-----|
| • Evaluate private drinking water supplies | 110 |
| • Review plans for new small public water systems | 13 |
| • Evaluate water systems for home loans and property sales | 5 |
| • Evaluate proposed or existing well locations for larger public water systems | 8 |
| • Conduct Sanitary Surveys of smaller Public Water Systems | 15 |

Health Benefits:

The prevention of communicable disease and illness associated with drinking water from small public and individual water systems.

2001 Accomplishments:

This was our third year of performing Sanitary Surveys (routine inspections of the water supply and facilities) of public water systems with less than 100 service connections.

Staff also participated in the Wenatchee and Entiat Watershed Planning Groups that are addressing both water quality and quantity issues.

Looking Ahead:

We have entered a contract with the State to conduct surveys of the larger Group B public water systems in our District.

Food Program

Program and Services:

Respond to food-borne illness reports and complaints of unsanitary conditions at food service establishments (FSE's). FSE permit application approvals and inspections are primarily focused on those factors, which are identified as directly related to the protection of the public from food-borne illness. Inspect all temporary and permanent FSE's not less than once per year (WAC 246-215) provided that they receive no critical violations. Investigate each new FSE application before issuance of a new permit. Conduct enforcement through re-inspections and Health Officer Hearings when routine inspections and education fail to achieve compliance pursuant to the procedures adopted by the Board of Health (Resolution 93-005). Increase food service worker knowledge of proper food- handling methods and sanitary practices. Administration of the Washington State standardized "Food Worker Card" education and testing. Publish a periodic newsletter for FSE's as a supplement to the education during routine inspections.

Delivery Measures:

A total of 927 inspections were completed for the 573 permanent FSE's and 290 inspections of the temporary FSE's. The District administered the testing of 5745 food workers and issuance of cards, including 358 for non-English speaking food workers. District staff accommodated clients outside of the population centers by providing outreach food worker classes for 980 food workers and mail-order tests for 340 food workers. Investigated and resolved 133 reports of foodborne illness or complaints of unsanitary conditions at FSE's. Taught food safety education to 506 high school students at Chelan, Manson, Cashmere, and Wenatchee High Schools.

Health Benefits:

To ensure safe food handling in order to prevent the occurrence of foodborne illness. Incidents of food-borne illness cases may be reduced through the promotion of safe and sanitary food-handling practices and through the monitoring of food-handling practices during routine inspections.

2001 Accomplishments:

Publication of a periodic newsletter "Feeding Frenzy" for the food service industry to promote food safety awareness with the support of Local Capacity Funds. Analyzed current food service regulations to determine whether they are adequate or need future revisions. Began updating English and Spanish food worker class presentations with a Power Point presentation. Participated at the Chelan County Fair with the demonstration of proper hand washing methods with the "Glitter Germ" display. Passed out metal stem food-safety thermometers to the public at the Chelan County Fair so that people can test their food to see if it has been cooked to the proper temperatures to eliminate food pathogens. Supplied hand-washing stations at Apple Blossom Festival and Chelan County Fair so that the public could wash their hands after petting animals and before eating food in order to prevent cross contamination.

Looking Ahead:

The food worker card program Power Point presentation will be finalized and ready for implementation during 2002. Develop both a catering policy and an enforcement policy for temporary food service establishments, which was not included in the "Enforcement Procedures of the Food Program," Article III, dated August 19, 1991. Continue making improvements with wastewater management at Memorial Park during Apple Blossom events for temporary FSE's. Continue to provide hand-washing stations at outdoor events with food booths and animal petting exhibits. Participate in food safety educational outreach at public events such as the Douglas County Fair.

Living Environment (Water Recreation Facilities and Public/Private Schools)

Program and Services:

Enforce the State Water Recreation Facilities (WRF) Regulations, i.e., public pools and spas, and Public & Private School (primary & secondary) Regulations, pursuant to those sections, which the Health Officer has direct enforcement responsibility. Each pool and spa is inspected not less than once per year provided that they receive no serious violations. Review plans and specifications for new water recreation facilities and remodeling projects. Investigate reports of illness or injuries for school grades Kindergarten through High School (grades K-12). Review school construction and remodeling projects, including playground equipment.

Delivery Measures:

Completed 229 inspections of 174 WRF's. Responded to five complaints at WRF's. Monitored construction of and issued operating permits for two new WRF's. Responded to five complaints at public and private schools. Reviewed four school construction/ remodeling plans – Eastmont Junior High, Alpine Boys School, Kenroy and Lee Elementary Schools. Attended training provided by the DOH for using the "Health and Safety Guide for K-12 Schools in Washington", jointly published by the State DOH and the Office of Superintendent of Public Instruction. Attended WRF Plan Review training provided by the State DOH and helped provide training for pool operators.

Health Benefits:

To prevent the occurrence of illness and injuries associated with environmental conditions at schools and WRF's. Health and safety are improved through reviewing plans, promoting public health education, and enhanced environmental monitoring.

2001 Accomplishments:

Carried out Construction Inspection Policy for all new WRF's to ensure that pool construction is carried out according to the approved plans. Pool and spa inspections and educational activities were increased over the previous year as a means to improve the level of facility compliance. The year 2001 delivery measures remained relative to the levels from the prior year. Reviewed plans and issued approval for Eastmont Junior High, Alpine Boys School, Kenroy and Lee Elementary Schools. Inspected and sent notices to WRF owners/operators who have deficient barriers surrounding their swimming pools and/or spas.

Looking Ahead:

Working with the State Department of Health (DOH) in revising the pool codes, which will include the development of guidance documents in support of the pool codes. Pool construction compliance inspections and enforcement will continue at previous levels. Will attend pool operator training in March 2002. Develop WRF enforcement policy for pools that pose serious health and safety hazards and have on-going and repeated violations. Bring all WRF's with deficient barriers into compliance before the beginning of the new permit year.

On-site/Land Use

Program and Services:

- Inspect new and reused septic systems
- Evaluate sites for new septic systems
- Investigate failing septic systems
- License septic tank installers and pumpers
- Perform evaluations for home loans and property sales
- Review new subdivisions and short plats

Delivery Measures:

- | | |
|---|-----|
| • Inspect new and reused septic systems | 411 |
| • Evaluate sites for new septic systems | 131 |
| • Investigate failing septic systems | 64 |
| • License septic tank installers and pumpers | 78 |
| • Perform evaluations for home loans and property sales | 70 |
| • Review new subdivisions and short plats, other land use permits | 258 |

Health Benefits:

To minimize the potential for public exposure to sewage from onsite sewage systems, and to minimize adverse effects to public health that discharges from onsite sewage systems may have on ground and surface waters.

2001 Accomplishments:

Staff dealt with a higher than usual number of system failures serving commercial or multi-family developments.

Looking Ahead:

We will be seeking ways to improve the level of service available to the public in the design and ongoing operation and maintenance of onsite systems. We will also be preparing staff to take the State examinations for certification required by 2003. To deal with the decline in revenue over the last few years, we will be shifting some staff time to other programs, specifically drinking water and solid waste complaints.



Solid Waste

Program and Services:

Enforce solid waste laws for which the Health District has direct enforcement responsibility. Inspect all solid waste management facilities at least quarterly and correct any violations noted. Investigate each application before issuance or renewal of a WAC 173-304 or 173-351 permit. Monitor the maintenance requirements of closed facilities. Assess and report the health risks associated with existing and closed solid waste facilities. Respond to citizen complaints regarding commercial and household solid waste practices. Coordinate enforcement efforts with state and local agencies. Conduct enforcement through the Health Officer when routine inspection and education fail to achieve compliance.

Delivery Measures:

Reviewed and renewed 11 solid waste facility permits. Reviewed groundwater assessment monitoring at the Greater Wenatchee Regional Landfill and Recycling Facility (GWRLRC). Monitored two closed landfills – Bridgeport Bar and Pine Canyon Landfills. Maintained ground water monitoring data spreadsheet for Bridgeport Bar Landfill, Pine Canyon Landfill, GWRLRC, and ALCOA landfill. Investigated 115 solid waste complaints of illegal dumping or improper solid waste disposal. Conducted sixty inspections of solid waste facilities. Reviewed plan and application for Chelan County Compost Facility and issued approval to commence construction. Reviewed Hunt Farms Petroleum Contaminated Soil Facility permit application and provided comments.

Health Benefits:

To protect public health and the environment from the harmful effects associated with the improper handling of solid waste by assuring the proper storage, transfer, treatment, and disposal of solid waste.

2001 Accomplishments:

Conducted quarterly inspections at the existing solid waste facilities in Chelan and Douglas Counties. Facilitated changes in the South Wenatchee Transfer Station's operation, thereby reducing spillage under transfer trailers during loading and initiating paving of all of the vehicular surfaces to reduce fugitive dust emissions. Implemented weekly solid waste program staff meetings to discuss concerns and promote cohesion of staff and program. Carried out solid waste permitting policy with the solid waste renewal applications. Completed the review of the Dryden Compost Facility Permit Application and issued approval to Chelan County to commence construction. Reviewed the GWRLRC for alternate daily cover adequacy and compliance. The GWRLRC plan of operation has been updated with a draft plan. The previous plan was dated March 1995. The draft plan is currently under review. An updated gas-monitoring plan for the GWRLRC is also under review. A new complaint system has been implemented wherein all complaints received by GWRLRC are logged and the Health District is notified. There have been no valid complaints for over one year. Signed Memorandum of Agreement with the Department of Ecology (DOE) to accept delegation of Septage Application Site responsibilities in Chelan and Douglas Counties. Obtained Site Hazardous Assessment Grant approval from DOE to commence sampling, assessment, and ranking of three hazardous sites during 2002.

Looking Ahead:

Initiate regulatory changes and review permits and operating plans to maintain compliance with the proposed updates to WAC 173-304, found in WAC 173-350. Continue the closure review work at the Cashmere and Dryden municipal solid waste landfills. Issue an operating permit to Chelan County upon completion of construction of the Dryden compost facility. Continue the review process of Chelan and Douglas Counties Comprehensive Solid Waste Management Plan. Select three different hazardous sites to begin sampling and ranking and submit results thereof to DOE. Carry out smooth transition of biosolids inspection and monitoring responsibilities from DOE to the Health District.

Personal

Health

Services

See: See: 2001 rpt to BOH graphs.xls
Revenue Sources – 2001
Personal Health

Alternate Response Program

Program and Services:

The Alternate Response program provides a model in which a contracted Public Health Nurse provides in-home case management services to families who are referred to DCFS and assessed as low or moderately low risk of abuse or neglect. The services provided by the PHN include assessment, identification of health risk factors, education, developmental testing, referral to other social service agencies, and other needed public health services.

The ARS service is for families who are not being served under the Division of Child and Family Services case management, and are not open Child Protective Service cases. The service is provided without regard to income, and requires voluntary written consent for services to commence.

Delivery Measures:

The contracted PHN makes face to face contact with families within 10 working days if possible. If unable to make personal contact within this time frame, a letter explaining the ARS program is sent to the last known address. Once the referent is contacted, and has given consent, services can begin. I follow a case management model by getting a family and medical history, and use that information to begin identifying family strengths, problems, and goals. Since we are initially limited to three months of intervention it is very important that the family identify their needs and goals. Once a dialogue and level of trust is established it becomes possible to expand the goals and address other family issues i.e. Alcohol and /or substance abuse, domestic violence, medical neglect etc.

Health Benefits:

The primary goal of this program is to reduce the risk of child abuse and neglect. Early intervention may prevent an escalation of risk factors, by providing education, referrals, support, and monitoring. The PHN also may also enlist community support and help the client develop a network of support, which will continue to exist once the ARS services are terminated.

2001 Accomplishments:

The Alternate Response project started in June 1998. In the year 2001 47 families received services from the public health nurse. This project utilizes interventions, which are client driven, and this approach has been very effective in reaching out to this population. The DCFS CPS, CWS units and Chelan-Douglas Health District have developed a collaborative working relationship. There is frequent contact, weekly meetings, and occasionally the DCFS caseworker and the PHN will work together on a specific referral to provide an expanded range of services for the family.

Chelan-Douglas Health District also promotes parenting education, and the ARS nurse is part of a team teaching the "Make Parenting A Pleasure" curriculum. The curriculum is positive, interactive, and strength based. In 2001 the Chelan-Douglas Health District offered the parenting class "Make Parenting a Pleasure. Each parenting class consists of nine weekly sessions, which are 2 hours in length. The average attendance is 10 parents; many of who are referred by DCFS since this class is a CPS approved referral.

Looking Ahead:

The goals for 2002, and beyond are to continue the close working relationship with DCFS, continue providing parenting education, continue working with at risk families, and reduce the incidence of abuse and neglect in our community. However the future of this program is uncertain. Alternative Response is one of several prevention programs, which may be eliminated due to DSHS budget reductions. If this happens the program will end in July 2002.

Assessment

Program:

Collects and analyzes information, data and reports regarding a variety of health issues which directly and indirectly affect the health of residents and communities in Chelan and Douglas Counties.

Services:

Serves as resource for assessment activities for Personal and Environmental Health, including capacity and policy development. Provides/gathers data for specific grants and projects, both established and proposed. Works with management team in estimating needs/demands for Health District programs and services.

Serves as data and information resource to community as whole as well as agencies, which seek information for grant writing and projects. Serves as liaison to various community groups. Works with community groups in addressing community identified needs as well as service coordination and coalition building.

Delivery Measures

Community contact and involvement. Involvement in Program/Services committee of the South Wenatchee Families Services Center, Kids First, Chelan Douglas Tobacco Prevention and Control Coalition (Co-coordinator) and liaison to the Community Safety and Public Health Network.

Agency partnerships. Many informal partnerships. Formal partnership with **Collaborative Assessment Group**, which consists of the Educational Service District, The Center for Substance Abuse Treatment and Prevention, Together! For Drug Free Youth, Chelan Douglas Community Safety and Public Health Network and Health District.

Assessment and Capacity Building activity focused on continued facilitation of the Community Resource Consortium, the group that created and maintains the eight county (Adams, Chelan, Douglas, Grant, Kittitas, Lincoln, Okanogan and Yakima) internet-based resource directory www.4people.org.

Health Benefits:

- **Increased availability and application** of Health District resources, both for internal and external activities.
- **Increased community awareness and appropriate use** of community health and social services resources as well as facilitation of gaining access to those resources.

2001 Accomplishments:

- **Sponsored and organized community workshop in Wenatchee with U.S. Census representative as presenter-October.** Attended by representatives from schools, clinics, social services, mental health services and government who became familiar with 2000 census information and how to access data on their web site for use in grant applications, etc. Health District distributed Population Data Online resource to participants, giving them site information for specific types of data.
- **Maintained role** of Health District as a resource for both community specific data and information as well as state, national and international information.
- **Continued the process of measuring our counties' capacity in health service** via providing major support for www.4people.org. Successes include: expansion of resources listed (1331 services listed by 665 agencies or groups as of 12/2001), increasing community and health care provider access to current resources (school counselor has stated the directory is "invaluable to her in identifying appropriate resources for her students). Supervise grant-funded contractor.
- **Continued expansion of tobacco activities within the community** through on-going partnership with Together! For Drug Free Youth as co-coordinators of Tobacco Coalition. Activities focused on production and distribution of Smoke Free Dining Guide and Smoke Free business decals (working with Environmental Health staff); distribution of Quit Line information and articles in quarterly newsletter sent to licensed food establishments.
- **Contributed data** for several grants, focusing on childcare, education and health. .
- **Assisted with data collection and analyzed** the 300 Community Concern surveys from teens. Top concerns of respondents: Drug Use, Alcohol Use, Marijuana Use and Teen Pregnancy. Served as basis for recommendations for resource allocation for TOGETHER! For Drug Free Youth. Available for other agencies to use for grant applications.

Looking Ahead:

- **Analyze 900 Community Concern surveys** from adult respondents. Present results to community in conjunction with Collaborative Assessment Group.
- **Continue facilitation of Community Resource Consortium. Goals:** maximize comprehensiveness of resource information for Chelan and Douglas Counties, create structure which is responsive to the regional coverage which has evolved, market to professionals (counselors, teachers, health care providers) to maximize use of resources.
- **Continue to nurture the Tobacco Coalition** to increase both numbers of participants and level of involvement.

Cancer Prevention & Control

Program and Services:

Chelan-Douglas Health District provides the Outreach Service portion of the Breast and Cervical Health Program. The Wenatchee Valley Clinic continues as the prime contractor for our counties. The goal of the program is to promote regular breast and cervical screening to women over age 40 and to provide services to low income eligible women, with special emphasis on Hispanic women. Older Hispanic women in our region are more apt to be monolingual and hesitant to seek medical care. The Outreach Worker is responsible for providing education about availability of screening services and facilitating access to services.

Services are provided in a variety of settings: Chelan-Douglas Health District Outreach Clinics, Wenatchee Valley Community College, English as a Second Language Classes, local agencies, churches, Senior Centers, packing sheds, and community activities and fairs.

Contact arenas vary from one-on-one, to group and class settings. The information is shared via public service announcement, TV advertising, flyers, pamphlets as well as the more formal educational materials and audio-visual aids.

Delivery Measures:

In 2001, the Outreach Worker made 1233 contacts at community meetings and outreach activities.

Health Benefits:

Early diagnosis of breast and cervical cancers means fewer premature deaths in older women. The additional education, which emphasizes healthy nutrition, diet, and life styles, increases our communities' awareness of how they can positively impact their health and welfare.

2001 Accomplishments:

We continued our subcontract with the Wenatchee Valley Clinic to do outreach activities.

Increased the number of Hispanic women who received breast and cervical screening and re-screening services.

Increased outreach activities to symptomatic women under 40 years of age as a target group.

Increased awareness among older women of how to take an active part in improving their overall health.

Provided home visit for referral follow-up.

Looking Ahead:

Continue to collaborate with local agencies in outreach activities as well as seeking new areas and activities at which to present educational information.

Working with Wenatchee Valley Clinic on developing new strategies for expanding this service.

Increase public awareness of the need for regular breast and cervical cancer screening by increasing visibility in the community via the activities described above.

Children with Special Health Care Needs

Program and Services:

Provides case management (referral and follow-up for appropriate resources and coordinating care among agencies) and limited funding for specialized medical care or equipment for children (birth to 18 years old) who are at risk for developmental delay or have a handicapping condition.

The Public Health Nurse provides screening, nursing assessment, education and support to families with children with special health care needs. Nurses support the family in becoming their own advocate or may provide advocacy services if necessary. The Public Health Nurses coordinate preparation of multi-specialty evaluations prior to Maxillofacial Review Boards. Nurses provide home assessments for children seen by the neuro-developmental team of Chelan-Douglas Developmental Services-Early Childhood Center, resulting in enhancement of our agency collaborations.

Delivery Measures:

Services are provided to clients via home visits, office visits and phone contacts. Case management can include clinic, school and community agency visits to facilitate coordinated care. In 2001, 126 clients received 734 encounters assisting the families to access services throughout the two county areas.

Health Benefits:

Early identification of children with special health care needs and support of their families means early care and appropriate access to care. Long term benefits minimize complications of chronic conditions, maximize the children's quality of life and decrease cost of care. Care coordination also lessens the chances of duplication of costly services.

2001 Accomplishments:

Public Health Nurses continue to educate families, agencies, and private providers about Children with Special Health Care Needs services provided by the Health District.

Public health nurses, in partnership with the WorkFirst program at the Department of Social and Health Services, assist the DSHS staff to determine employment eligibility. The public health nurses provide professional medical assessment to assist WorkFirst staff in determining the appropriate level of WorkFirst participation. After the nursing assessment, alternatives are developed by DSHS to support families in their efforts to attain self-sufficiency. Eight families were served in 2001.

Looking Ahead:

Our plan is to continue strengthening our collaboration with Chelan-Douglas Developmental Services, Columbia Valley Community Health Services, Catholic Family Resource and Referral, school districts, DSHS and other agencies.

Communicable Disease/Preventive Health

Program and Services:

Conduct epidemiological investigations for reported communicable diseases. The public health nurse makes an assessment of risk and or exposure of the individual and their contacts, then institutes appropriate preventive measures to stop further transmission through prophylactic treatment and education. Doing whatever measures are deemed appropriate for each individual case.

Educate clients and the public through individual contact, media, and presentations regarding current communicable disease concerns.

Report completed case reports to State Epidemiologists as necessary.

Delivery Measures:

In 2001, 1,491 individuals were served through telephone contacts and clinic services. A total of 164 disease reports, representing 23 reportable diseases were completed. Follow-up was completed on all reports.

Health Benefits:

Through education and understanding of preventive measure, the transmission of communicable diseases are decreased and prevented. Thereby, illness and death in those populations most at risk (infants, children, and the elderly) are reduced.

2001 Accomplishments

This last year we worked with the Chelan Chamber to address water issues affecting the swimming areas in Chelan. PSA's were done addressing Measles, rabies, hanta virus and animal bites. Outreach activities included visits to three labs, the ER depts., CVCH, and WVC regarding an update on the notifiable disease condition reporting system. We continue to be a resource for travelers that choose to access our services or their provider for travel vaccines.

Looking Ahead:

In order to minimize the incidence of preventable and communicable disease the need to educate and inform is continuous and any opportunity to promote a healthy population is beneficial to our community. We remain the front line for community wellness issues.

The education necessary to recognize and understand emerging infectious diseases will be a continual challenge to keep updated. The threats of bio-terrorism will also continue to impact our local health delivery system. The capacity to be able to respond to a threat needs to be preserved.

CDHD Reportable Diseases List

Dental Health

Program:

The oral health information and preventive services program is designed to reduce the need for restorative oral health services in specifically targeted high-risk populations and in the community in general.

Services:

A public health dental hygienist provides screenings and other assessment activities, education, and oral health counseling. The health district promotes the use of preventive oral health strategies and facilitates school-based preventive dental programs.

Delivery Measures:

Services are provided in school settings or visits to a group's normal meeting place. Individual counseling may take place at the health district office, by telephone or via home visit. Dental screenings were completed for 496 Headstart/ECEAP children, 557 second graders, 52 developmentally disabled clients and educational presentations were made to 3,342 children and 128 adult/parents and 23 staff caseworkers for the developmentally disabled.

Health Benefits:

Through educational programs, families can increase oral health care knowledge and make appropriate use of preventive measures. Students learn about good oral hygiene and appropriate daily practices.

Professionals receive up-to-date information involving public health care issues allowing them to offer the most appropriate health care to our communities.

Screenings are done in early childhood programs to allow Head Start prioritization for services and appropriate referrals to dental providers for clients in need of access to care.

Data collection and analysis allows information to be utilized to assist in developing policy to meet the needs of the community.

2001 Accomplishments:

In 2001, our dental sealant promotion and education programs continue to reach children and adults throughout our counties. As part of our local oral health coalition, we worked on the Smilemobile project and other early access to oral health care issues such as bringing the ABCD program to our community. The Washington State Smile Survey tool was also duplicated in our counties in the year 2001 to provide us with information for program development and community assessment. Facilitation of school-based preventive programs resulted in 8 schools participating. One hundred ninety five children (723 teeth got sealed) received sealants in our community schools.

Looking Ahead:

Education of our community and early access to care continue to be focal points for our oral health program. New projects we are working on are the following:

1. Sealant Promotion Project - We are continuing to work with private providers to find new ways of increasing access to preventive oral healthcare to the children in our communities. Recent legislation has offered new opportunities for growth in this area.
2. ABCD Project – (Access to Baby and Child Dentistry) This project helps to connect low-income, high risk (for dental decay) children, age 5 and under, with a dentist who has received special education in treatment and preventive strategies for this age group. The health district will play an integral part in educating clients and coordinating with providers in this program.

Early Intervention

Program and Services:

Provides initial public health assessment and on-going PHN case management services for approximately twenty-five families. Case management and direct services include on-going health assessment education, development of service plans, developmental testing, information and referral, and other public health services. This program is funded by a contract with the Department of Social and Health Services.

Delivery Measures:

Provide a minimum of one face-to-face visit or attempted visit each month for nursing intervention and/or case management services. The maximum frequency of home visits is based on an ongoing assessment of client need. 50 families were served with 92 children impacted during 2001.

Health Benefits:

Health benefits include the on-going monitoring of a family for the purpose of lowering the end result of Child Protective Services involvement. It is the purpose of the program to be preventative in nature by referring to services so the family can be proactive in their approach to health maintenance.

2001 Accomplishments:

Received ongoing training as a new employee in the field of child abuse and neglect. Participated as weekly member of child protective service team. Developed an excellent working relationship with the child protective team and community support services.

Looking Ahead:

Continue the activities that include advocacy, consultation, networking family support and crises intervention. To provide the families with a stable and positive support system so they can maintain the stability expected of them to succeed. The numbers of cases monitored has continued to be in the range of twenty or thirty families per month and most are held open for up to three months and infrequently up to a year to continue the intervention. Some of the cases require more frequent visits and intervention, which is a plus of the program to have that flexibility.

HIV/AIDS Case Management

Program and Services:

Provide case management services for residents of Chelan-Douglas Counties that are HIV positive or AIDS diagnosed. We also have a subcontract with Wenatchee Valley Clinic to provide medical case management. Case management services include assessment, case planning and review, referral, crisis intervention, advocacy, tracking and record keeping.

We facilitate access to the following programs: HOPWA short term emergency housing assistance, REACH long term housing assistance, CAREBEARERS emergency assistance (food and transportation), New Hope Dental Clinic, HIP and Early Intervention insurance programs.

Delivery Measures:

Case management services are provided in the office as well as through home visits and phone calls.

Health Benefits:

We help with adherence issues regarding treatment. We also help to educate our clients about risk reduction with their behaviors. Have continued presentations in the 9th and 10th grades of our area schools in the area of prevention of HIV/ AIDS from a case management perspective.

2001 Accomplishments:

In 2001 we served 43 clients through 345 face to face and 646 collateral contacts. We currently serve clients from youth through 64 years of age.

Looking Ahead:

We will continue to provide support, education and advocacy for HIV infected residents of our two county area.

HIV/AIDS Prevention Program

Program

The AIDS Prevention Program is comprised of two distinct parts: General AIDS Education and High Risk Outreach. These two areas address the assessed needs for HIV/AIDS interdiction needs within our communities.

Services:

General Education Programs are composed largely of classroom-style presentations. These presentations are most often conducted in order to meet the HIV/AIDS or Bloodborne Pathogen training requirements for adults seeking professional licensing or other types of certification (daycare license, foster parent certification, etc) from the State Of Washington. This program also provides needed technical support and training for our schools and businesses --- including health-related business --- in achieving compliance with OSHA and WISHA regulations as they apply to bloodborne pathogen safety.

Schools are required by the State to provide AIDS information to all students, beginning in the 5th grade, at least one time each year. The Chelan-Douglas Health District provides technical consultation to all of the school districts within Chelan and Douglas Counties to help them maintain this requirement.

The High Risk Outreach program provides structured classroom HIV/AIDS information to monolingual Spanish-speaking residents. A much more vital role is the seeking out of individuals at the greatest behavioral risk of contracting HIV, in both English and Spanish, and providing one-to-one counseling, risk-reduction information and materials, and referrals to HIV testing. Sites for this type of outreach include the parks, streets, hangouts, orchard camps and camp-sites. Agency sites for this program include the Center for Drug and Alcohol Treatment, The Salvation Army and The Friendship Center.

Delivery Measures:

- A total of 28 General Education presentations were conducted for 1541 individuals.
- Several community activities, like the Red Ribbon Skate, were conducted.
- The Outreach Program contacted a total of 3372 individuals.

Health Benefits:

- Reduction in the numbers of individuals who are likely to become infected with HIV from either occupational exposures or social behaviors.
- Early diagnosis, through testing, of those already infected with HIV, which:
 1. Increase life expectancy with early and consistent treatment.
 2. Allows us to do partner notification for those in risk contact with the person tested HIV+.
 3. Reduce further infection by properly counseling and training those infected to eliminate further risk contact with those who are uninfected.

2001 Accomplishments

- Work was completed on the new statewide and CDC activity interventions and objectives.

Looking Ahead:

- Regional and local work will increase in planning for the implementation of the guidelines surrounding our local plan targeting high-risk individuals through intervention plans.
- AIDSNETS and DOH will be reviewing our work plans, activities and funding streams for AIDS Programs.

Immunizations

Program and Services:

- Childhood, adult, and overseas travel immunizations
- Rural outreach clinics serve eleven cities
- Tuesday evening clinic hours are available for working clients
- School immunization clinics for fifth (MMR) and sixth graders (Hepatitis B)
- Free immunization clinic was sponsored by a local community group
- Annual flu clinics served senior centers in both counties
- Public health information is available to the public and private sector
- Annual updates done on site for all immunization providers and staff
- A quarterly immunization newsletter is sent to all vaccine providers
- Vaccines and informational materials are distributed to vaccine providers
- Low cost and sliding fee scale services are available to low income clients
- Public education regarding preventable disease prevention
- Links continue with community partners to provide access to immunizations

Delivery Measures:

- 1,600 Bibs with the immunization schedule were distributed to newborns
- 2,454 Clients were served through the rural outreach clinics
- 2,623 Number of doses of vaccine given at rural outreach clinics
- 1,750 Clients received flu vaccine at CDHD or community clinics
- 4,878 doses of vaccine given by CDHD
- 37,639 Doses were distributed to the private providers of vaccines
- 415 Sixth graders received 1,245 hepatitis B shots at school clinics
- 563 Fifth graders received MMR #2 at school clinics

Health Benefits:

- Reduced incidence of preventable diseases in Chelan & Douglas counties.
- Reduced incidence of death and morbidity from preventable diseases.
- Reduced incidence of hospitalizations due to preventable disease.

2001 Accomplishments:

- Positive working relationships exist with community partners to benefit the Health of all citizens in Chelan & Douglas Counties.
- There is improved access to public health services throughout both counties.
- The five largest vaccine providers completed immunization assessments on the two year-old children in their practices.
- Benchmarking activities were completed in all immunization practices.
- We partnered with Central Washington Hospital to provide flu shots to high risk clients in November

Looking Ahead:

- We will be working hard to minimize the impact of all the vaccine shortages affecting vaccine providers in 2002

Maternal/Infant Child Health

Program and Services:

Provide support, education and prevention services to children and families, i.e. Parenting Classes, Child Find, Well Child Check-ups, School Health, and SIDS Home Visits
First Steps: Services to pregnant/parenting women who are financially eligible.

Delivery Measures:

MATERNITY SUPPORT SERVICES AND CASE MANAGEMENT PROVIDES:

Nursing assessment and counseling – jointly review client’s medical risks, health behaviors, pregnancy and parenting knowledge and skills, childbirth and parenting education to develop an appropriate care plan.

Social assessment – joint identification of factors that may adversely affect client’s health and parenting capabilities, such as family violence, substance abuse, homelessness, and family crisis. An appropriate care plan is developed for the client.

Nutrition assessment – jointly review dietary patterns, intake, food buying and preparation habits to develop an education plan.

Services such as home visits, telephone contact, and physical assessment are provided in schools, homes, and offices of the Health District. School screening is provided to area schools for preschoolers through sixth grade to identify potential health problems that interfere with learning. Parenting classes are provided using the Make Parenting a Pleasure curriculum. Home visits provide breastfeeding support, anticipatory guidance for infants and children focusing on normal growth and development, safety and prevention of disease.

Health Benefits:

Support families during the prenatal/postpartum period. Promoting good health in the school age child to aid learning. Be a resource to schools in the area of health to promote safety and learning. Promote healthy families by encouraging parents to build healthy relationships with their children through parenting class. Provide support and information to families and daycares that have had children die of SIDS.

High-risk pregnancies are identified. Factors that adversely affect the client and baby are minimized resulting in decreased numbers of low birth-weight and infant mortality.

Enrolled families have an increased knowledge for healthier lifestyles, better parenting, and increased self-sufficiency.

2001 Accomplishments:

3027 visits to individuals were made within the First Steps program. The enhanced First Steps referral system developed by the state ensures that all pregnant and postpartum women receive a contact from a Maternity Support Services provider to offer the MSS services.

Three staff members were trained to use the curriculum “Make Parenting a Pleasure”.

Three series of classes have been provided in the last year, serving 41 unduplicated clients.

Staff assisted Bridgeport, Stehekin, Orondo and Waterville School Districts with school screening to identify potential health problems that would interfere with learning.

In addition, a screening clinic was provided to Headstart.

There were 441 contacts through home visits, office visits, and telephone were made to new mothers not eligible for our First Steps program.

Looking Ahead:

Continue the activities that support and strengthen families. Provide education and information to families with children to promote health and safety.

Nurse Family Partnership (formerly David Olds Project)

Program and Services:

A strength based home visitation model that improves the health and social functioning of low-income first-time mothers and their babies. The program is based on findings from randomized studies in New York, Tennessee and Colorado. There are 5 counties in Washington involved in the study model.

Delivery Measures:

Home visitation by a Public Health Nurse with a caseload of 25 families at one time and are expected to carry the same caseload of families for the full duration of the program.

The visits start prenatally, before 26 weeks, and continue until the child is 2 years old. The home visit focuses on the six life domains of personal health, environmental health, life course development, maternal role, family, friends, human services and stresses self efficacy and independence.

Health Benefits:

Improve Pregnancy Outcomes

- Decrease premature births
- Decrease low birthweight

Promote Child Health and Development

- Reduce child maltreatment
- Reduce developmental delays
- Reduce behavioral problems
- Reduce unintended childhood injuries
- Reduces emergency room visits
- Reduces adolescent legal entanglements

Promote Maternal Life Course Development

- Reduce unintended pregnancies
- Increase economic self-sufficiency

2001 Accomplishments:

25 clients are now enrolled curriculum. The public health nurse and supervisor attend the statewide bi-monthly consortium meetings in Seattle with the program directors and the public health nurses and supervisors from the five Washington counties.

23 infants are being served in the program.

Looking Ahead:

The data reports received for Chelan-Douglas Health District site compare favorably with the data compiled in the research longitudinal studies by David Olds; 20% of the clients are involved with CPS compared with 21% involvement with the research project; the repeat pregnancy rate is at 29% for CDHD program and 30% for the research project.

Safe and Healthy Kids in Child Care Consulting

Program:

A local resource of health, safety and child development information to childcare providers in licensed homes and Centers. Provided by way of phone or site visit by PHN and EH specialist knowledgeable of issues: licensing regulations regarding health and safety policies and procedures, institutional management, and the relationship between parent, child and child care provider. This service targets groups of children particularly susceptible to illnesses due to immature immune systems and injury from lack of judgement. Per request, we support the provider in foreseeing situations of risk and minimizing problems that occur.

Services:

- Regularly scheduled, free Infant Care Consulting visits to Centers. Circulation of a quad stroller for providers to use for infant outing outdoors.
- Prevention services such as the importance of immunization record checking, consulting on health policies, advising on safe play equipment.
- Telephone resource, follow-up distribution of relevant materials and referrals to any community resource.
- Trainer and consultants on childcare health and safety issues for childcare providers, agencies, and community members.
- Health information library for childcare providers.
- On-site Behavioral health consulting (mental health) to keep children in a steady childcare setting.
- Advise providers and parents on how to care for special needs in childcare, especially medical and developmental delay.
- Attended monthly classes for potential providers advertising Health Dept. resource.
- Provide an on-site consultant service for playground safety

Delivery Measures:

- 1 playground safety presentation at annual Parent Education Meeting
- 2 email requests for information
- 2 playground safety presentations at childcare orientation meetings
- 3 phone calls from agencies outside our counties seeking advice
- 4 playground safety consultant visits
- 4 STARS training sessions, impacting 67 providers
- 5 sites and multiple visits to advise on Behavioral Health issues
- 18 contacts related to special needs children
- 28 times the quad stroller was loaned to contacted Centers
- 53 phone consultations with written materials sent
- 64 visits to Child Care Centers for infant care consultation.
- 444 children impacted by phone consultation (approximately, probably a low number)

Health Benefits:

- Decrease in communicable disease and injuries.
- Increased understanding of child development
- Access to a public health resource that benefits providers, children and parents

Research suggests that the more education a child care provider has on childcare, including basic health issues, the better quality of care children receive.

2001 Accomplishments:

Added consulting on behavioral health issues of children in child care.

Consulted on more special needs children.

Number of contacts providing services increased.

Development of self-learning modules

In a recent evaluation of the program by way of mailed surveys, providers wrote: “always helpful and informative,” “I received what I asked for and more,” “thank you.” The 16 respondents were almost all ‘very satisfied’ with services received.

More involvement with the Environmental Health staff person in providing playground/play equipment consulting to childcare providers. The development of pamphlets promoting safe playground and play equipment.

Looking ahead:

Development of more training for STARS credit, hopefully reaching more home providers.

More collaboration with CF Child Care Resource and Referral with trainings.

A bilingual PHN to provide services to Spanish speaking home providers.

More Health Department staff involved in trainings.

Sexually Transmitted Diseases

Program and Services:

We provide diagnosis and treatment of sexually transmitted diseases and HIV counseling and testing services. We conduct epidemiological investigation and follow-up of reported cases and case reports of specific disease to the State. Our program is a community resource for consultation with providers and education of the public.

Clients had access to diagnosis and treatment services and HIV counseling and testing either as a walk-in appointment or a scheduled appointment between the hours of 9:00 a.m. and 4:30 p.m.

Follow-up on all reported cases to verify treatment of the individual and contacts, as well as epidemiological investigation as indicated, is initiated through mail or telephone contact. Home visits are occasionally completed if contact cannot be made otherwise.

Local providers utilize staff as a resource for questions regarding STD's. Yearly STD presentations are provided to any school in Chelan-Douglas County if requested. Presentations to Wenatchee High School, Cashmere High School and Eastmont High School are scheduled annually. Classes have also been conducted at Entiat, Bridgeport, Eastmont Junior High, Orchard, Pioneer and Foothills Middle schools, Christopher House and Canyon View Group Homes.

Delivery Measures:

83 individuals were served in the STD clinic. In addition, 368 individuals received counseling and testing for HIV infection within the Health District office and at the Center for Alcohol and Substance Abuse one afternoon per week. Approximately 5,228 individuals were contacted via presentations.

Health Benefits:

Through education and treatment, the incidence and transmission of sexually transmitted diseases such as chlamydia, gonorrhea, herpes, HIV, etc. will be decreased and hopefully prevented. Consequences of acquiring these diseases could be quite serious including sterility, fetal and infant morbidity and mortality, necessity for long term medical interventions, and death.

2001 Accomplishments:

We have increased our educational programs to include the middle schools, Christopher House and several alternative schools as well as the Juvenile Detention Center. We have also had a team approach by adding a presentation with our HIV case manager to the curriculum. This has proved to be a great asset to our program.

Chelan-Douglas Health is also represented on the Board of Family Planning.

Looking Ahead

Due to budgetary cutbacks, flexibility for clinic hours has been reduced. Less clinic time will be available in 2002. Also the HIV case manager will not be going out to the schools for presentations in 2002 as her hours were reduced in the HIV program.

Plans are to continue our STD presentations in the community. Working with the Chelan-County Juvenile Detention Center we can access more high-risk youth while incarcerated to meet their needs for services and for educational programs.

Teen Resiliency Project

Program:

The Teen Resiliency Project is an adolescent pregnancy prevention program for at-risk adolescents. Our goal is to keep these children focused on education and in school through high school graduation. Research shows that youth that value education are less likely to become involved in risky behaviors such as sex and pregnancy.

Services:

Since 1996, we have been involved in a state-funded research project. Twelve and thirteen year-olds are offered 10 weeks of participation in Life Skills education groups provided by contracted school staff. Mentoring services are provided to the treatment group, about one-half of the students enrolled.

Delivery Measures

Pre and post surveys measure the impact of these services on adolescent attitudes related to abstinence, teen pregnancy, substance abuse, and education. The hypothesis is that children who receive 1:1 encouragement from a caring adult are more likely to be "resilient"; that is, "be able to recover rapidly from, or adjust to, the ups and downs of life."

Health Benefits:

Decreased teen pregnancy rate. Teens are less likely to have healthy pregnancies due to delayed prenatal care, poor nutrition and tobacco/alcohol/drug use. Their pregnancies often result in a variety of negative consequences. Premature births and cesarean deliveries are more common and can result in infants with health and learning impairments. Damaging societal consequences are many, including the perpetuation of teen pregnancy as a generational norm.

2001 Accomplishments:

27 students were recruited for services in the three schools. All 27 received the Life Skills classes. 12 students had mentors (the control group). 15 received the Life Skills Class (the experimental group). Chelan-Douglas Health District relationship with area schools continues to strengthen. School referrals of appropriate students for each new year are generated automatically. We continue to participate in research. Locating previous participants enrolled over the last four years for completion of post-survey longitudinal data collection is a challenge. The majority of them are still attending school. Focus groups, conducted by research staff with mentors and with students, report having received valuable information, reinforced by support and advocacy.

Looking Ahead:

In September 2001, Chelan-Douglas Health District made reapplication for the continuation of the mentoring program. The project was not refunded and a staff person's position was terminated.

Tuberculosis

Program and Services:

Provide treatment for county residents diagnosed with active tuberculosis and prophylactic treatment to contacts of active tuberculosis. The program provides education, and serves as a resource, for community and medical providers.

Services are provided to individuals within the clinic setting at Chelan-Douglas Health District. Home visits are made only when it is essential to directly observe therapy to assure compliance. This is rare.

Chest x-ray services are contracted through Wenatchee Valley Clinic. Bimonthly clinics are staffed by a contracted M.D. to read x-rays and prescribe treatment for individuals exposed to tuberculosis or with active disease.

Case management for those individuals with active disease assures compliance with treatment and follow-up tests.

Local providers utilize the health district TB coordinator as a valuable resource and call as needed. Education to community nursing home staffs and other agencies is ongoing. Collaborative efforts with The Drug and Alcohol Center and Columbia Valley Community Health Services occur to provide follow-up to high-risk individuals.

Delivery Measures:

We provided services for a total of 2,505 client visits in 2001.

Health Benefits:

Through the identification and treatment of infectious cases, the transmission of disease is dramatically decreased. Reduced numbers of people in the pool of infected individuals will dramatically reduce future illness.

2001 Accomplishments:

The Health District continues to focus on targeted testing among all people, regardless of age, at high-risk for latent TB infection, or those with clinical conditions that increase the risk of acquiring active TB. Networking efforts with Central Washington Hospital, local long-term care facilities and providers have strengthened referral and education efforts.

Looking Ahead

We anticipate needing to continue our vigilance. Maintaining a large number of individuals on preventive therapy for latent TB infection and providing proper treatment of patients with active tuberculosis to prevent the threat of Multi-drug Resistant Tuberculosis (MDR) is our highest priority in 2002.

Women, Infants and Children (WIC)

Program and Services

Provides nutrition assessment, nutrition counseling and education and supplemental food vouchers.

Four clinic sites provide above identified monthly services to 720 clients. Clinics are held in Leavenworth, East Wenatchee, Cashmere and Orondo. Clinics are held at the health district office 14 days per month.

Services are provided to at-risk, low-income pregnant women, breast feeding postpartum women, infants, and children to age five years. They receive supplemental food vouchers, nutritional education and referrals for on-going health care needs.

Other health district programs are frequently provided at WIC clinics to increase accessibility for clients.

Delivery Measures:

In 2001 the average number of individuals enrolled monthly is 944. The average number of individuals receiving WIC vouchers was 829 per month. This is an average of 4978 encounters per year. These numbers were calculated from state reports, which is different from the local data reports used for previous reports.

Health Benefits:

High-risk pregnant women are more likely to enroll in prenatal care during the first trimester if on WIC. Health care costs are reduced. For every WIC dollar spent, Medicaid saves between \$1.92 and \$4.21 in health care costs for WIC moms and their newborns during the first 60 days after delivery. Infant mortality is reduced, and immunization rates are improved for children receiving WIC services.

2001 Accomplishments:

Maintaining 100% of the authorized caseload of 720. The state expectation is to serve 98-103% on a monthly basis.

Looking Ahead:

- ◆ Evaluate the fiscal feasibility of maintaining a small rural clinic.
- ◆ Maintain the delivery of WIC services to the existing caseload.
- ◆ During the last quarter of the year 2001 we observed an increase in numbers requesting WIC services due to the depressed economy in our community.

Vital Statistics

Program:

Birth Certificates
Death Certificates

Services:

We are local registrars for issuing certified copies of birth certificates for individuals born in Washington State after 1954. Also, issue certified copies of death certificates for individuals who die in Chelan and Douglas Counties. Burial/cremation permits are issued to funeral homes (which are required by WAC's).

Delivery Measures

Issued 5,890 certified copies of death certificates.
Issued 2,554 certified copies of birth certificates.

Health Benefits:

Helps in assessing health problems in our area (i.e. cause of death). This helps us toward health improvement. Can also issue birth certificates from CDHD on the same day they are requested, thus eliminating waiting for them to be issued from the State.

2001 Accomplishments:

We continue to maintain records of births and deaths in Chelan and Douglas Counties. Following is a snapshot of births and deaths in our two counties for the past several years.

	<u>Deaths</u>	<u>% difference</u>	<u>Births</u>	<u>% difference</u>
1997	770	2% decrease	1,415	2% decrease
1998	791	3% increase	1,477	4% increase
1999	855	7% increase	1,449	2% decrease
2000	823	4% decrease	1,447	minimal
2001	804	2 ½% decrease	Data not yet available.	

Looking Ahead:

Within the year of 2002, we will be able to access birth records back to 1945 here in Washington State. In 2003, we will be receiving a revised death certificate from Vital Statistics in Olympia. It will still be in the 8 ½ by 11 size, which is good news. They abandoned the legal size format after polling the people who handle the certificates.